

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 816667 (0)

1. Corporation Name

TREE PLATEAU CO., INC.



Principal Place of Business

Mailing Address

C/O GENE M. PRANZO
369 LEXINGTON AVENUE
NEW YORK NY 10017-6559
US

C/O GENE M. PRANZO
369 LEXINGTON AVENUE
NEW YORK NY 10017-6559
US

3. Date Incorporated or Qualified

01/30/1963

3a. Date of Last Report

01/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

13-5668757

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVP ☐ DELETE
NAME TALFORD, RICHARD S.
STREET ADDRESS 369 LEXINGTON AV 24 FL
CITY-ST-ZIP NEW YORK, NY 00000 10017

TITLE DS ☐ DELETE
NAME PRANZO, GENE M
STREET ADDRESS 369 LEXINGTON AV 24 FL
CITY-ST-ZIP NEW YORK, NY 00000 10017

TITLE AT ☐ DELETE
NAME POTTER, CAROL
STREET ADDRESS 369 LEXINGTON AV 24 FL
CITY-ST-ZIP NEW YORK, NY 00000 10017

TITLE DP ☐ DELETE
NAME TALFORD, DORIS K
STREET ADDRESS 369 LEXINGTON AV 24 FL
CITY-ST-ZIP NEW YORK, NY 00000 10017

TITLE DCT ☐ DELETE
NAME TALFORD, RICHARD
STREET ADDRESS 369 LEXINGTON AV 24 FL
CITY-ST-ZIP NEW YORK, NY 00000 10017

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gene M. Pranzo

Gene M. Pranzo
Secretary/Director

2-15-96

212-682-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)